



# CITY OF BATTLE CREEK, MICHIGAN

## UTILITY BILLING OFFICE

### REQUEST FOR ELDERLY/HANDICAPPED DISCOUNT

1. NAME: \_\_\_\_\_
2. SERVICE ADDRESS: \_\_\_\_\_
3. UTILITY BILLING ACCOUNT NO: \_\_\_\_\_
4. HEAD OF HOUSEHOLD: ☐ YES ☐ NO
5. RESPONSIBLE FOR PAYMENT OF WATER, SEWER AND GARBAGE SERVICE: ☐ YES ☐ NO
6. TYPE OF DOCUMENTATION VERIFYING QUALIFICATION: \_\_\_\_\_
7. QUALIFYING CRITERIA: 

Check all that Apply

☐ **a. Elderly** Date of Birth \_\_\_\_\_  
Month Day Year

☐ **b. Handicapped** Disability: \_\_\_\_\_

I understand that in order to qualify for this discount the individual responsible for charges must be 65 years of age or older, or be subject to a certifiable physical or mental impairment which substantially limits one or more major life activities and be considered the head of the household receiving service. I also understand the information supplied on this application is subject to verification.

\_\_\_\_\_  
**DATE OF APPLICATION**

\_\_\_\_\_  
**SIGNATURE OF PERSON COMPLETING APPLICATION**

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_  
(Area Code/Number)

**Mail completed form to:** Battle Creek Utility Billing Office, PO Box 1717, Battle Creek, MI 49016-1717